

ORI NO. MO 0740200
MARYVILLE DEPT. OF PUBLIC SAFETY

UNIFORM CITATION

STATE OF MISSOURI
IN THE CIRCUIT COURT OF NODAWAY COUNTY
COURT ADDRESS (STREET, CITY, ZIP)
415 N. MARKET, MARYVILLE, MO 64468

COURT DATE: 4/17/20 COURT TIME: 4:15 PM COURT PHONE NO: 660-562-3525

I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:

ON/ABOUT (DATE) AT TIME HWY CLASS UPON/AT OR NEAR (LOCATION)
3/15/20 HRS 1010 N. W. WALNUT

WITHIN CITY/COUNTY AND STATE AFORESAID,
NAME (LAST, FIRST, MIDDLE)
ORUGANTTI, FRASER NNA, C
STREET ADDRESS
1010 N WALNUT
CITY MARYVILLE STATE MO ZIP CODE 64468

DATE OF BIRTH 5/11/77 RACE UNK. SEX F HEIGHT 502 WEIGHT 115
DRIVER'S LIC NO. 013A084001 CDL ☐ YES ☒ NO STATE MO
EMPLOYER
ADDRESS (STREET, CITY, STATE, ZIP)

DID UNLAWFULLY ☒ OPERATE/DRIVE ☐ PARK ☐ C.M.V. ☐ WITH HAZ MAT

VEHICLE YEAR 2004 MAKE CHEV. MODEL IMP. STYLE 4D COLOR GR
REGISTERED WEIGHT LIC NUMBER STATE MO YEAR

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:
Leaving the scene of an accident

☐ Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)

DRIVING POSTED SPEED LIMIT DETECTION METHOD
MPH MPH ☐ STATIONARY RADAR ☐ WATCH (AIR) ☐ PACE
☐ MOVING RADAR ☐ WATCH (GROUND) ☐ OTHER

IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE
☐ RSMo ☐ ORD. 420.175.401.5

SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE
☐ RSMo ☐ ORD.

☐ IN FATAL CRASH ☐ IN CRASH ☐ DWI/BAC OCN

OFFICER J. DALT BADGE 400 TRP/ZONE DATE 3/3

ON INFORMATION/UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: ☐ RSMo ☐ ORD.

PROSECUTOR'S SIGNATURE DATE 4/17/20

I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.
SIGNATURE X DR. LIC. POSTED ☐ YES ☒ NO

MO 100-0051 (2-15)

ARREST RECORD

ORI NO. MO 0740200
MARYVILLE DEPT. OF PUBLIC SAFETY

UNIFORM CITATION 100101745

STATE OF MISSOURI IN THE CIRCUIT COURT OF		DIVISION 4TH	
COURT ADDRESS (STREET, CITY, ZIP) 415 N. MARKET, MARYVILLE, MO 64468			
COURT DATE 4/17/20	COURT TIME 415	COURT PHONE NO. 660-562-3525	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT: 102 S. W. 111			
ON/ABOUT (DATE) AT TIME 5/5/20 HRS	HWY CLASS	UPON/AT OR NEAR (LOCATION) 1010 N. WALNUT	
WITHIN CITY/COUNTY AND STATE AFORESAID,			
NAME (LAST, FIRST, MIDDLE) DRUGANT, PRASANNA, L			
STREET ADDRESS 1010 N WALNUT			
CITY MARYVILLE	STATE MO	ZIP CODE 64468	
DATE OF BIRTH 5/10/95	RACE UNK.	SEX F	HEIGHT 502
WEIGHT 115	DRIVER'S LIC. NO. 013A084001	CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE MO
EMPLOYER			
ADDRESS (STREET, CITY, STATE, ZIP)			
DID UNLAWFULLY <input checked="" type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT			
VEHICLE YEAR 2004	MAKE CHRY.	MODEL IMP.	STYLE 4D
COLOR GR	REGISTERED WEIGHT	NUMBER	STATE MO
YEAR	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:		
<p>2004 CHRY IMP 4D GR</p> <p>2004 CHRY IMP 4D GR</p> <p>det eg.</p>			
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD. 207.010.0105 420175+1011			
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE/ <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN	
OFFICER K. Pelt	BADGE 207	TRP/ZONE 1	DATE 3/3
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
PROSECUTOR'S SIGNATURE [Signature]			DATE 3-17-20
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.			DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE X [Signature]			

MO 100-0051 (2-15)

INFORMATION

MARBURY, J.E. MUNICIPAL DIVISION

Party ID: ORUPL7236

Defendant: PRASANNA LAKSHM ORUGANTI

Case No.: 180181745

Date Filed: 23-MAR-2020

Fine/Costs: \$

Court Date: ~~07-APR-2020~~ 6-16-20

MO Bar #:

Def. Atty.:

Date	Continuances/Warrants/Summonses
	Def FTA; Summons Ordered
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Def FTA; Warrant Ordered Bond \$ _____ C/S Bond Forfeited NG Plea Entered
	Cause passed to _____ for _____
	Disposition
	<input type="checkbox"/> Appended to _____
	<input checked="" type="checkbox"/> Guilty plea
	<input type="checkbox"/> Tried – Guilty <input type="checkbox"/> Tried – Not Guilty
	<input type="checkbox"/> Dismissed by Court without Trial
	<input type="checkbox"/> Nolle Pros
	Sentence
	<input type="checkbox"/> SIS <u>3650 3364</u>
	<input type="checkbox"/> Fine \$ <u>300</u> and costs <input type="checkbox"/> SES Fine Amount \$ _____
	<input type="checkbox"/> Bond applied to fine and costs
	<input type="checkbox"/> CVC Judgment Entered
	<input type="checkbox"/> Payment Schedule: \$ _____ Due _____ Begin _____
	<input type="checkbox"/> Jail: Days _____ Hrs _____ SES Days _____ Hrs _____
	<input type="checkbox"/> Jail time stayed to _____
	<input type="checkbox"/> Driver Improvement <input type="checkbox"/> Comm Serv _____ <input type="checkbox"/> SATOP
	<input type="checkbox"/> Probation term _____ <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised
	<input type="checkbox"/> Application for Trial De Novo <input type="checkbox"/> Request for Jury Trial
	<input type="checkbox"/> Guilty plea withdrawn